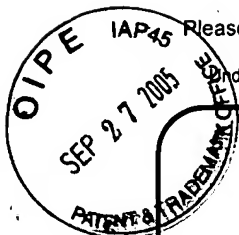


JCO3 Rec'd PCT/PTO 27 SEP 2005

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/522,162
	Filing Date	January 24, 2005
	First Named Inventor	Daniel MEISEL <i>et al.</i>
	Group Art Unit	To Be Assigned
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission		Attorney Docket Number 31775-210910

#6

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input checked="" type="checkbox"/> 2 German-Language Declarations & Powers of Attorney (4 pp each) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO/SB/08A; Copies of References <input type="checkbox"/> Claim for Priority; Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Copy of Response to Notification of Missing Requirements	<input checked="" type="checkbox"/> Assignment & Recordation Form <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert Kinberg Reg. No. 26,924	26694 ATTENT TRADEMARK OFFICE
Signature	<i>Robert Kinberg</i>	
Date	9/22/05	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date: _____

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Approved for Release through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/522,162
TOTAL AMOUNT OF PAYMENT		Filing Date	January 24, 2005
(\$)		First Named Inventor	Daniel MEISEL et al.
\$170.00		Examiner Name	To Be Assigned
		Art Unit	To Be Assigned
		Attorney Docket No.	31775-210910

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____

☒ **Deposit Accn't** Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) Indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 =	x	=			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 =	x	=			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity)

Other (e.g., late filing surcharge):

Surcharge - Late Filing	\$ 130.00
Assignment Recordation Fee	\$ 40.00

Fees Paid (\$)

SUBMITTED BY			
Signature	Robert Kinberg	Registration No. (Attorney/Agent)	26,924
Name (Print/Type)	Robert Kinberg	Telephone	(202) 344-4000
		Date	9/27/05

#674980

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